

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

04-19

2. STATE

Louisiana

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

September 21, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1915 (g) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 **\$0.00***

b. FFY 2005 **\$0.00***

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Item 19, Page 4
Attachment 4.19-B, Item 19, Page 1
Supplement 1 to Attachment 3.1-A, Page 1C (Delete)

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

Same (TN 99-06)

Same (TN 00-35)

(TN 98-21)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to terminate targeted case management services for high-risk pregnant women.**

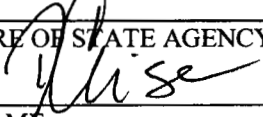
11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Frederick P. Cerise, M.D., M.P.H.

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 27, 2004

16. RETURN TO:

State of Louisiana
Department of Health and Hospitals
1201 Capitol Access Road
PO Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 29 SEPTEMBER 2004

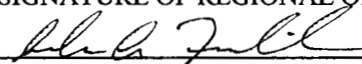
18. DATE APPROVED: 10 NOVEMBER 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

21 SEPTEMBER 2004

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS: * **There have been no requests for this service since 1995, there are no licensed case management agencies to provide this service in Louisiana, and there is no money budgeted for this program.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 3.1-A
Item 19, Page 4

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

■ Adaptive development

The determination of a developmental delay must be made in accordance with applicable federal regulations and ChildNet policies and procedures.

C. (Reserved)

D. HIV Infected

1. Written verification of HIV infection by a licensed physician or laboratory test result is required.
2. The **adult** consumer (age 21 or older) must have reached, as documented by a physician, a level 70 on the Karnofsky scale (or cares for self but is unable to carry on normal activity or do active work) at some time during the course of HIV infection.

STATE <u>Louisiana</u>	A
DATE REC'D <u>9-29-04</u>	
DATE APPV'D <u>11-10-04</u>	
DATE EFF <u>9-21-04</u>	
HCFA 179 <u>04-19</u>	

99-06

TN# 04-19 Approval Date 11-10-04 Effective Date 9-21-04
Supersedes
TN# 99-06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 4.19-B
Item 19, Page 1

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR
447.201
447.302

Medical and Remedial
Care and Services
Item 19

OPTIONAL TARGETED CASE MANAGEMENT SERVICES

REIMBURSEMENT METHODOLOGY

Case Management services for Mentally Retarded/Developmentally Disabled Waiver recipients are reimbursed at a negotiated provider specific monthly rate in accordance with the terms of the contract. Reimbursement for Infants and Toddlers, and HIV Infected Persons is a fixed monthly rate specific to each type of case management for the provision of the core elements of case management.

Payments made to providers do not duplicate payments for the same or similar services furnished by other providers or under other authority as an administrative function or as an integral part of a covered service.

Reimbursement is not available for case management services that are furnished to recipients without charge by any other agency or entity. With the statutory exceptions of case management services included in Individualized Educational Programs (IEP'S) or Individualized Family Service Plans (IFSP'S) and services furnished through Title V public health agencies, payment for case management services cannot be made when another third party payor is liable, nor may payments be made for services for which no payment liability is incurred by the recipient.

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00-35

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